Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23715

7590

JOEL R. PETROW SMITH & NEPHEW, INC. 1450 BROOKS ROAD MEMPHIS, TN 38116



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the ISPTO on the date indicated below.

| on the date indicated below. | transmitted to the |
|------------------------------|--------------------|
| (Depositor's name) | |
| (Signature) | |
| (Date) | |
| | |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/884,859 | 06/18/2001 | Hugh R. Sharkey | 17616-856 | 3139 |

TITLE OF INVENTION: METHOD OF TREATING INTERVERTEBRAL DISC TISSUE EMPLOYING ATTACHMENT MECHANISM

| nonprovisional EXAMINER GIBSON, ROY DEAD 1. Change of correspondence address of CFR 1.363). Change of correspondence address form PTO/SB/122) attached the correspondence address form PTO/SB/1220 attached the correspondence address form PTO/ | | | | | | EE(S) DUE | DAI | E DUE |
|--|--|---|---|--|--|-------------------|-----------|----------------|
| GIBSON, ROY DEAD 1. Change of correspondence address of CFR 1.363). Change of correspondence address form PTO/SB/122) attached the property of the property | NO | \$1330 | | \$300 | \$ | \$1630 | | 9/2004 |
| 1. Change of correspondence address of CFR 1.363). Change of correspondence addrese Address form PTO/SB/122) attached "Fee Address" indication (or "Fee"). | | ART UN | IT | CLASS-SUBCLASS | | | | |
| CFR 1.363). Change of correspondence addre Address form PTO/SB/122) attache "Fee Address" indication (or "Fe- | .N | 3739 | | 607-096000 | | | | |
| PTO/SB/47; Rev 03-02 or more red Number is required. | ess (or Change of C ed. ee Address" Indicat | Correspondence | names of agents OF firm (havi agent) and | nting on the patent front up to 3 registered pat t, alternatively, (2) the r ng as a member a regis if the names of up to 2 or agents. If no name is nted. | ent attorneys or name of a single tered attorney or registered patent | 1Fish & 23 | Richar | dson P.C |
| 3. ASSIGNEE NAME AND RESIDER PLEASE NOTE: Unless an assigne been previously submitted to the US (A) NAME OF ASSIGNEE Oratec Intervent Please check the appropriate assignee | nee is identified bel ISPTO or is being s Lions, Inc | ow, no assignee d ubmitted under sej (B | ata will apper parate cover. B) RESIDENO Menlo | ar on the patent. Inclusion Completion of this form i CE: (CITY and STATE O Park, Califor | s NOT a substitute R COUNTRY) | for filing an as: | signment, | assignment has |

| lease check the appropriate assignee category or categories | (will not be printed on the patent); | ☐ individual | Someon control of comparison of the comparison o | governmen 🗅 |
|---|---|--------------------------------------|--|------------------------|
| a. The following fee(s) are enclosed: | 4b. Payment of Fee(s): | | | |
| ☑ Issue Fee | A check in the amo | unt of the fee(s) | is enclosed. | |
| N Publication Fee | Payment by credit of | ard. Form PTO- | 2038 is attached. | |
| Advance Order - # of Copies | No The Director is he Deposit Account Num | reby authorized aber <u>06–10</u> | by charge the required fee(s), or credit any 60 (enclose an extra copy of this | overpayment, to form). |

| Authorized Signature) lever f Naire (Date) TWE 8, 2004 | | |
|---|---|--|
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. | 6/09/2004 WARRHAM2 00000168 09884859 1 FC:1501 1.330.00 ND | |
| obtain or retain a benefit by the public which is to file (and by the USPTO to process) an | 1 FC:1501 1330.00 OP 2 FC:1504 300.00 OP 30.00 OP 30.00 OP | |